

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
CALIFORNIA FORM 460

Date/Stamp **Aug 22 2006** Page **1** of **5** -

SANTA MARIA for Official Use Only

BY: [Signature]
City Clerk

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5)
 General Purpose Committee Primarily Formed Candidate/
 Sponsored Officeholder Committee
 Small Contributor Committee *(Also Complete Part 7)*
 Political Party/Central Committee

Statement covers period
from 01/01/06 through 06/30/06

Date of election if applicable:
(Month, Day, Year)
CITY OF SANTA MARIA

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)
To report corrected expenditure

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1227669
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)

2450 Professional Pkwy, Suite 220

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

805-346-8407

MAILING ADDRESS

2450 Professional Pkwy, Suite 220

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

805-346-8407

MAILING ADDRESS

2151 S College Drive, Suite 101

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

Trent Bonilla

Alice Patino

Trent Bonilla

Alice Patino

Trent Bonilla

Alice Patino

Trent Bonilla

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Trent Bonilla

Alice Patino

Trent Bonilla

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council - City of Santa Maria	CITY RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STATE 2450 Professional Pkwy, Suite 220	ZIP 93455
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER _____	JURISDICTION _____
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	ZIP CODE	AREA CODE/PHONE		
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	ZIP CODE	AREA CODE/PHONE		

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
SUMMARY PAGE	
Statement covers period from <u>01/01/06</u>	
through <u>06/30/06</u>	
Page <u>3</u> of <u>5</u>	
I.D. NUMBER <u>1227669</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>0.00</u>	20. Contributions Received \$ _____ \$ _____
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>	21. Expenditures Made \$ _____ \$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>0.00</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>15.25</u>	\$ <u>15.25</u>	15.25
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>15.25</u>	\$ <u>15.25</u>	15.25
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>68.75</u>	\$ <u>68.75</u>	68.75
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>84.00</u>	\$ <u>84.00</u>	84.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>1221.24</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	0.00
15. Cash Payments	Column A, Line 8 above \$ <u>15.25</u>	15.25
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>1205.99</u>	1205.99
	If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0.00</u>	0.00
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	See instructions on reverse \$ <u>0.00</u>	0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>68.75</u>	68.75

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100 \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ _____** **15.25**

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE F

460

SEE INSTRUCTIONS ON REVERSE
NAME OF ELLER

Page _____ or _____
I.D. NUMBER
1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
CMP	campaign paraphernalia/misc.
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LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO	68.75	68.75		68.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 68.75**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$**

3. Net change this period. (**Subtract Line 2 from Line 1.** Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 68.75**

May be a negative number

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)